

### State of New Jersey

PHILIP D. MURPHY
Governor

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Lt. Governor

Division of Compliance Operations and Coordination
Bureau of Licensing & Registrations
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LRU@dep.nj.gov
https://wastedecals.nj.gov/

CATHERINE R. MCCABE
Commissioner

The New Jersey Department of Environmental Protection (NJDEP) requires ALL solid and medical waste transporters to register with the Department prior to picking up or disposing of waste in New Jersey. (see N.J.S.A. 13:1E-1 et. seq., N.J.A.C. 7:26G-7). A courtesy copy of New Jersey's waste regulations may be found at <a href="https://www.nj.gov/dep/rules/">https://www.nj.gov/dep/rules/</a>

- Transporters hauling <u>self-generated waste</u> must complete the "AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)" which must then be notarized and attached to the application. Alternatively you can be interviewed by an authorized county agency listed on the web site <a href="https://www.nj.gov/dep/dshw/hwr/swcountyinterviewlist.pdf">https://www.nj.gov/dep/dshw/hwr/swcountyinterviewlist.pdf</a>
- Transporters hauling <u>waste generated by another person or business</u> are required to obtain an "A-901 License" and a Certificate of Public Convenience and Necessity ("CPCN"). Forms and information on these requirements may be found at <a href="https://www.nj.gov/dep/dshw/a901/a901frms.htm">https://www.nj.gov/dep/dshw/a901/a901frms.htm</a>. For A-901 questions please contact the Office of the Attorney General at (609) 376-2834. For CPCN questions please contact NJDEP's Economic Regulation Unit at 609- 984-4250. Note: An A901 licensed transporter cannot apply to become self-generator unless they first surrender their A901 license and CPCN.
- The Division of Consumer Affairs requires Home Improvement Contractors and landscapers who offer services to the general public generating are required to register with their agency. You must include a copy of your DCA registration card with your application. Furthermore, plumbing and electrical contractors must attach a copy of their respective certifications/licenses. Failure to include required registration, certification and/or license will result in your application being returned.
- Vehicles must be registered as "Commercial" with the motor vehicle agency. Passenger ("Pass") or Passenger-Commercial ("Pass-Com") vehicle registrations are not acceptable and your application will be returned.

If your application package is approved and deemed administratively complete, it will be processed and entered into the NJDEP computer system. Subsequently a bill will be sent to you from the Department of Treasury which can be paid online or you can mail them a check. The decals will not be mailed until this bill has been paid in full. Be advised this process may take up to 8-10 weeks and you cannot legally transport waste until you have received your decal(s) and affixed them to your equipment.

If your application package is not approved or is submitted incompletely, NJDEP will mail you a Notice of Deficiency listing the missing items or requesting that you schedule a face-to-face interview at NJDEP.

If you have any questions please e-mail <u>LRU@dep.nj.gov</u> or call 609-292-7081. You can also obtain additional information at the web site <a href="https://wastedecals.nj.gov/">https://wastedecals.nj.gov/</a>.

Initial Applic	ation	to E	3ecc	me	a Re	egist	erec	s SE	ELF	-G	EN	IER	<b>LA</b>	OR	Sol	lid W	/ast	e an	d/or	Med	ical	Was	ste T	rans	sport	er		
FOR NJDEP Use Only: NJDEP I				Registration #:							NJEMS Program Interest #:																	
Company Name:																												
Alternate Name:																												
Physical Address:																												
City:																		Sta	ite:			Z	ip:					
Mailing Address:																												
City:										State: Zip:																		
Contact Name-Last:																		Fi	rst:									
Office Phone:				-				-							F	ax:				-				-				
Cell Phone:				-				-										•										
E-Mail Address:																												
Organization Type (C	Circle	One	e):	Pro	oprie	etor	F	artr	nersl	hip		Co	orpo	ratio	n	LI	LC		Н	ome	owne	er	O	ther:				
Social Security Number:	Χ	Х	Χ	Х	Х									Fed	deral	Em	ploy	er ID	#:									
Incorporation Date:			-			-						(	Cou	nty:											Sta	ite:		
Does your company	enga	ige i	n int	erst	ate (	out o	of St	ate)	trar	nspo	rtati						LIS	חחד	· #·									
For leased equipment, Lessor's USDOT number(s):  (Attach additional sheets if needed)																												
Insurance Company Name: Policy #:																												
Waste To Be Transported (Circle <b>ALL</b> That Apply): 10 - Municipal (Household, Commercial & Institutional) 12 - Dry Sewage Sludge																												
13 - Bulky Waste 13C Construction & Demolition 23 - Vegetative Waste 25 - Animal & Food Processing Wastes																												
27 - Dry Industrial 72 - Bulk Liquids & Semi Liquids 73 - Septic Tank Clean Out Waste 74 - Liquid Sewage Sludge																												
Regulated Medical Waste – Regulated Medical Waste – Self-Generated Radiopharmac					nace	eutic	als																					
Division of Consumer Affairs Registration of			r Lic	ens	e Nı	umb	er (l	f ap	plica	ble):																		
Previous NJDEP registration # (If applicable):																												
<b>EQUITY</b> (COMPANY OWNERSHIP) - "Equity" means any ownership interest in a business. It includes sole proprietorship, partner's shares, and stock in corporations. The form of ownership interest should be indicated in your answers below under the heading, Type of Equity, state whether shares are voting or non-voting. Attach additional sheets if needed.																												
Name				Federal Employer ID #						Jilai	Type of Equity							% of Total Equity										
<b>CERTIFICATION:</b> I hereby certify that the foregoing statements are true and I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment which may take the form of monetary penalties or revocation. I will notify the Department, in writing, of any changes to the information within this registration statement within thirty days. Furthermore, I certify that I am responsible for providing insurance for public liability and environmental restoration for any equipment registered with the Department to transport solid and/or medical waste, whether owned or leased. I authorize the New Jersey Department of Environmental Protection to confirm liability coverage with my insurance company. I further certify my company has the proper authority to operate on the public highways. I also acknowledge that pursuant to N.J.S.A. 54:50-24 et seq. my information will be shared with the Division of Taxation to verify there are no outstanding tax issues and understand my application will not be reviewed until such issues are resolved.																												
Printed Name				Signature								Title							Date Signed									

### DO NOT SUBMIT PAYMENT AT THIS TIME

You will be mailed a bill (invoice) automatically from the Department of the Treasury's Revenue Office. <u>Upon receipt of your invoice</u>, you can go online at <a href="https://www.nj.gov/dep/online/">https://www.nj.gov/dep/online/</a> and pay with e-check, credit card or mail payment directly to **REVENUE** at the address listed on the invoice. NJDEP will then mail your decals.

## FEE CHART - AMOUNT YOU WILL BE BILLED: DO NOT SEND PAYMENT

VEHICLE TYPES	Letter	Date Issued: 5/1/2019- 4/30/2020	Date Issued: 5/1/2020- 6/30/2021	Medical Waste Transporters(Med/V	Vaste) On	ly
SW Single Unit	S	\$100	\$50	A-901 Licensed Medical Waste Transporter Fee	\$7,900	\$3,950
SW Cab (will not hold waste)	M	\$40	\$20	A-901 Exempt Medical Waste Transporter Fee	\$1,300	\$650
SW Trailer	Т	\$60	\$30	A-901 Exempt Medical Waste Transporter Fee Radiopharmaceuticals Only	\$400	\$200
SW Container	С	\$60	\$30			

**EQUIPMENT:** Please list below each piece of equipment to be used for transporting waste. For all such equipment (except containers) YOU MUST INCLUDE A COPY OF **MOTOR VEHICLE REGISTRATION** AND **PROOF OF INSURANCE**Passenger or Pass-Comm vehicle registrations are not acceptable.

 VIN - Vehicle Identification Number as it appears on the Motor Vehicle registration

• **VEHICLE TYPE**\* **S** = Solid Waste Single Unit

M = Solid Waste CabT = Solid Waste Trailer

**C** = Solid Waste Container

• **OVERNIGHT ADDRESS** - where vehicle is parked overnight

• STATE – which issued motor vehicle registration

• LICENSE PLATE NO. – Permanent License Plate Number

\*EQUIPMENT LEASED? If Yes, attach Lease
Agreement & Lease Certification

"		9			
	Vehicle Type * (Circle Letter)	License Plate #	State	Leased YES* or NO (Circle Answer)	DEP USE ONLY DECAL#
VIN:  OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S			Yes	
	Т			No	
VIN:  OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S			Yes	
OVERNIGHT ADDRESS (where vehicle can be hispected, NO FO Boxes):	M T			No	
VIN:  OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	S			Yes	
OVERNIGHT ADDRESS (where vehicle can be hispected, NO FO Boxes):	M T			No	
VIN:	s			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	M T			No	
VIN:	S			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	M			No	
VIN:	S			Yes	
OVERNIGHT ADDRESS (Where vehicle can be inspected, NO PO Boxes):	M T			No	
Quantity of Container Decals Needed:	XX	XXXXXXX	XXXXX	YES OR NO	
EQUIPMENT TOTALS: SINGLE (S): CAB (M):	TRAILE	ER (T):	CONTA	INER (C):	

# STATE OF NEW JERSEY - DEPARTMENT OF ENVIRONMENTAL PROTECTION AFFIDAVIT OF AN EXEMPT GENERATOR UNDER N.J.S.A. 13:1E-127g(1) through (7)

I, the undersigned, am the duly authorized represer applicant for a solid waste registration from the New certify that the applicant named above is EXEMPT because the application is solely for the collection, t generated by the applicant.	v Jersey Department of from the requirement to	to submit a discl	osure statement
Please provide a detailed description of the services	s offered by your com	pany:	
Please specify what types of waste are generated of business procedures and services offered:	or could possibly be ge	enerated, and ho	ow this relates to your
Please identify all other licenses, authorities, permit	s or approvals to trans	sport waste in ot	her states:
I certify that waste generated by my business is cortransport waste from third parties. I hereby sattached interview notes made and answered by rief description made by me is willfully false, then that filing a fraudulent affidavit could result in the a than \$50,000.	swear (or affirm) tha me are true. I am aw n I am subject to crim	t the statements are that if any c inal prosecution	s, brief description and of these statements and for false swearing; and
Print Name & Title as the Company Official	Signature	Date	Telephone Number
State of County of		Notary	Stamp Below
Sworn to and subscribed before me			
thisday of20			
Print Name of Notary Public or Attesting County Officer			
Signature of Notary Public or Attesting County Officer			

## MANDATORY PROOF OF INSURANCE AND AUTHORITY TO OPERATE

Registered Non-Government NJDEP Transporters must have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26.3.2(1) permittees, licensees and exempt transporters shall, for purposes of solid waste activities and to the extent provided for under New Jersey law, be responsible for the actions and omissions of their lessors and their vehicle operators.

1. INTERSTATE SOLID WASTE TRANSPORTERS POSSESSING A CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY: Provide a copy of your MCS-90 or MCS-82.

Pursuant to N.J.A.C. 7:26H-1.21 (evidence of insurance), Any utility engaged in solid waste collection or solid waste disposal shall file with the Department evidence of insurance or self-insurance, which certificate shall be in a form prescribed by the Department.

**2. All other SOLID WASTE TRANSPORTERS:** Provide a copy of your Insurance Card, MCS-90, or MCS-82 (listing your company with vehicle information), or a Certificate of Insurance (listing your company as insured with the vehicle info or the phrase, "any vehicle").

Pursuant to N.J.A.C. 7:26 3.2(a)6, registered Transporters must comply with NJMVC rules and regulations. NOTE: Insurance cards or certificates of insurance will only be accepted from "intrastate" only, transporters.

#### Additional Information & Guidance for Acceptable Proof of Insurance:

The Federal Motor Carrier Safety Administration (FMSCA) has web sites to provide guidance in regards to minimum levels of financial responsibility for motor carriers. Their home page can is located at: <a href="https://www.fmcsa.dot.gov/">https://www.fmcsa.dot.gov/</a>

For specific motor carrier questions you can contact the FMSCA at:

https://www.fmcsa.dot.gov/contact-us

https://www.fmcsa.dot.gov/mission/field-offices

For Hazardous Waste and Interstate Solid Waste Transporters

Question: Is the financial responsibility requirement met when an owner-operator (lessor) provides the motor carrier (lessee) a copy of the policy and Form MCS-90 where the carrier is named as an additional insured to the policy (Form MCS-90)? Answer: Guidance: No. The motor carrier has the responsibility to obtain the proper financial responsibility levels.

Question: What is the difference between interstate commerce and intrastate commerce?

Answer: Interstate commerce is trade, traffic, or transportation involving the crossing of a State boundary. Either the vehicle, its passengers, or cargo must cross a State boundary, or there must be the intent to cross a State boundary to be considered an interstate carrier. Intrastate commerce is trade, traffic, or transportation within a single State.

https://www.fmcsa.dot.gov/faq#name2

This material is abbreviated and being supplied for informational purposes only. You are still obliged to exercise due diligence and are responsible to meet any and all applicable rules and regulations of the appropriate governmental agencies. For example as a registered FMCSA Motor Carrier, leases supplied to the NJDEP may also be subject to Federal Leasing requirements under 49 CFR Part 376.

As a NJDEP Registered Transporter you are responsible for the actions and omissions of all vehicles operated under your <u>exclusive</u> <u>use</u>, <u>possession</u>, <u>and control</u>. Insurance to protect the public and provide for environmental restoration in the event of an accident is required under New Jersey regulations.

Be advised that the New Jersey Department of Environmental Protection may contact your insurance company to confirm liability coverage.

### Initial Application to Become a Registered Self-Generator Solid Waste and/or Medical Waste Transporter Checklist

Company Name:
☐ Solid & Medical Waste Initial Application: Accurately completed and Signed Original form (2 Pages)
☐ <u>Affidavit – Notarized and sign original form</u>
□ Insurance: VALID copies of applicable insurance information FOR ALL VEHICLES □ Valid Motor Vehicle Insurance Card □ Do you travel Interstate: if Yes: Please supply: MCS-90 or MCS-82
☐ Motor Vehicle Registration(s): VALID copies FOR ALL VEHICLES  Motor Vehicle registration must indicate that the vehicle is registered as Commercial and display the name of the NJDEP registrant (e.g. your company). Passenger ("Pass") or Passenger-Commercial ("Pass-Com") vehicle registrations are not acceptable. For all equipment not registered under the name of the NJDEP registrant or for any lease equipment, see next requirement under LEASED VEHICLES
□ LEASED VEHICLES You must submit both: □ Copy of written lease agreement AND □ Original Revised NJDEP Lease Certification for ALL leased vehicles See: <a href="https://wastedecals.nj.gov/faq.html">https://wastedecals.nj.gov/faq.html</a>
☐ <b>HOME IMPROVEMENT CONTRACTOR:</b> <u>must include</u> a copy of the Division of Consumer Affairs Home Improvement Contractors registration card. Plumbing and Electrical Contractors may attach a copy of their respective certifications/licenses.
□ <b>DEMOLITION</b> : a copy of the "Certificate of Liability" insurance for the BUSINESS <u>and</u> a valid copy of a bid or contract for demolition.
□ <b>NEW HOME BUILDER:</b> <u>must include</u> a copy of the Department. of Community Affairs new home builder registration card.
□ <b>OIL TANK REMOVAL</b> : <u>must include</u> a copy of the Department of Environmental Protection's tank remediation approval letter.
□ <b>ASBESTOS</b> – <u>must include</u> a copy of the Department of Labor's asbestos abatement/remediation approval letter.
☐ This COMPLETED Checklist

Please MAIL the <u>original</u> application, questionnaires and notarized affidavit along with <u>legible copies</u> of all required documentation listed above to:

New Jersey Department of Environmental Protection Division of Compliance Operations and Coordination Bureau of Licensing & Registrations 9 Ewing Street, Mail Code 09-01 Trenton, NJ 08625-0420